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Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee TRANSMITTAL For FY 2008		Application Number	10/517,114-Conf. #3129
<input type="checkbox"/> Applicant/cia	/all entity status: See 37 CFR 1.27	Filing Date	December 3, 2004
TOTAL AMOUNT OF PAYMENT	(\$) 120.00	First Named Inventor	Vicau Tang
		Examiner Name	W. G. Trost
		Art Unit	2618
		Attorney Docket No. 09669/041001	

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-0591	Deposit Account Name: Osha - Liang LLP		

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee Description	Small Entity
Each claim over 20 (including Reissues)	Fee (\$)
Each independent claim over 3 (including Reissues)	Fee (\$)
Multiple dependent claims	Fee (\$)

Each independent claim over 3 (including Reissues)

Fee Description	Small Entity
Each independent claim over 3 (including Reissues)	Fee (\$)
Multiple dependent claims	Fee (\$)
Multiple dependent claims	Fee (\$)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
12	- 20 =	x _____	= _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$)
Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 =	x _____	= _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	=	/50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

SUBMITTED BY

Signature	15/445,079	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha	THOMAS SCHERER	Date	October 8, 2007	